

**EXHIBIT 2**

TK Records007

TURN KEY HEALTHMEDICAL INTAKE FORM

NAME: Sanders, Brenda DOB: 7/10/60 SS/INMATE#   
 HEALTH INSURANCE:  YES  NO CARRIER/POLICY NUMBER: COTD - self

MALE  FEMALE

RACE:  WHITE  BLACK  ASIAN  AMERICAN INDIAN  HISPANIC

OTHER \_\_\_\_\_

SENT FOR A FIT?  YES  NO REASON: \_\_\_\_\_

ALLERGIES NKA

MEDICATION  YES  NO WHAT MEDICATION: \_\_\_\_\_

INMATE CHECKED FOR HEAD LICE?  YES TREATMENT NEEDED?  YES  NO

ANY INJURIES TO REPORT DUE TO ARREST OR BOOKING? YES  NO What?

WEAR GLASSES, CONTACTS, DENTURES, PARTIAL, HEARING AIDS, OR USE ANY PROSTHESES OR MEDICAL DEVICE?

IF SO WHAT? HAVE ON PERSON?  PLACED IN PROPERTY?

VITALS: TEMP B/P 138/62 PULSE 86 O2SAT 95 WEIGHT 125

LIST ALL CURRENT MEDICATIONS INCLUDE DOSAGE, FREQUENCY, LAST TIME TAKEN AND PHARMACY?

1 Tab qday BP/5 famotidine 111 Norvasc Sngl  
100 mg Ranitidine 20 mg we have Pfizer OKemulz Indian  
Ranitidine 300 mg Pfizer  
Prilosec 20 mg Eli

MEDICAL ILLNESS: CHECK ANY CURRENT OR PAST CONDITIONS:

HEART ATTACK/CARDIAC DISEASE EXPLAIN  WHEN

HIGH B/P 70/11

CANCER/ONCOLOGY-TYPE \_\_\_\_\_

LUNG DISEASE \_\_\_\_\_

STROKE \_\_\_\_\_

ASTHMA \_\_\_\_\_

DIABETES  INSULIN  CURRENT FSBS  EXPLAIN

SURGERIES J/d Bladder 2/012

SEIZURE  DATE OF LAST SEIZURE

HIV/AIDS  HOW LONG?  CURRENT MEDS?  LAST LAB?

STD'S  TYPE

MAJOR DENTAL CONDITIONS

HEPATITIS-TYPE:  HOW LONG?

HISTORY OF TB / POSITIVE TB SKIN TEST? WHEN  WHERE  TREATMENT

HAVE YOU RECENTLY EXPERIENCED: CHRONIC COUGH - COUGHING UP BLOOD - LETHARGY - BODY WEEKNESS -

MORE THAN 10 LBS WEIGHTLOSS IN THE LAST MONTH - LOSS OF APPETITE - FEVER - NIGHT SWEATS? IF YES TO

ANY, EXPLAIN:

APPEARANCE - SWEATING - TREMORS - ANXIOUS - DISHEALED - UNREMARKABLE

BEHAVIOR - NERVOUS - DISORDERLY - INSENSIBLE - APPROPRIATE

STATE OF CONSCIOUSNESS - ALERT - LETHARGIC - UNDER THE INFLUENCE

BREATHING - LABORED - PERSISTENT COUGHING - HYPERVENTILATING - UNREMARKABLE

EASE OF MOVEMENT - DEFORMITIES - UNSTABLE GAIT - ASSISTIVE DEVICE - UNREMARKABLE

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SKIN - DO YOU CURRENTLY HAVE: RASHES - SORES - WOUNDS - JAUNDICE - SKIN CONDITIONS - BRUISES - TRAUMA MARKINGS - NEEDLE MARKINGS - RECENT TATTOOS? WHERE/CONCERN?

FEMALE HEALTH

ARE YOU PREGNANT NOW?  YES  NO  DON'T KNOW LAST MENSTRUAL CYCLE 2002  
 IF PREGNANT EDD? \_\_\_\_\_ # OF PREGNANCIES \_\_\_\_\_ # OF LIVE BIRTHS \_\_\_\_\_  
 PROBLEM IN PREGNANCIES? ✓ HIGH RISK  YES  NO (TYPE OF DELIVERY) \_\_\_\_\_  
 OB/GYN NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 LAST VISIT DATE: \_\_\_\_\_ NEXT APPT SCHEDULE: \_\_\_\_\_

MENTAL HEALTH

HAVE YOU EVER HAD A MENTAL ILLNESS?  YES  NO  
 EXPLAIN: Moderately Depressed  
 ARE YOU CURRENTLY SEEN BY MENTAL HEALTH PROFESSIONAL?  YES  NO  
 WHO? Counselor  
 HAVE YOU EVER TAKEN ANY MENTAL HEALTH MEDS?  YES  NO  
 WHAT: Lexapro  
 ATTEMPTED SUICIDE?  YES  NO EXPLAIN:  
 ANY CURRENT SUICIDAL THOUGHTS?  YES  NO EXPLAIN:

ARE YOU USING OR HAVE YOU EVER USED ANY OF THE FOLLOWING? DATE OF LAST USE?

- TRANQUILIZERS \_\_\_\_\_
- OPIATES \_\_\_\_\_
- BARBITURATES \_\_\_\_\_
- LSD/HALLUCINOGENS/PCP \_\_\_\_\_
- MARIJUANA \_\_\_\_\_
- AMPHETAMINE/SPEED \_\_\_\_\_
- GLUE/SOLVENT/INHALANT \_\_\_\_\_
- HEROIN \_\_\_\_\_
- CRACK / COCAINE \_\_\_\_\_
- ALCOHOL 10-11-16
- OTHER \_\_\_\_\_

HAVE YOU EVER HAD OR ARE YOU CURRENTLY HAVING ANY WITHDRAWAL SYMPTOMS WHEN YOU STOPPED DRUGS OR ALCOHOL?  YES  NO EXPLAIN:

OTHER COMMENTS OR PHYSICAL FINDINGS:

\_\_\_\_\_

\_\_\_\_\_

RECOMMENDED HOUSING BASED ON MEDICAL/MENTAL HEALTH EVALUATION:

- TRANSPORT TO HOSPITAL
- RECOMMENDED GENERAL POPULATION
- SUICIDE PRECAUTIONS
- RECOMMENDED MEDICAL HOUSING / ISOLATION DUE TO: Lice Infestation

INSTRUCTED ON HOW TO ACCESS MEDICAL/ MENTAL HEALTH CARE?  YES  NO

MEDICAL EVALUATION PERFORMED BY: TK CPN

MEDICAL EVALUATION DATE: 10/18/16

7-10-60

Sanders, Brenda